

COMMONWEALTH OF KENTUCKY  
Cabinet for Health and Family Services  
Department for Community Based Services  
Division for Protection and Permanency

**Child Caring and Child Placing Level of Care Schedule**

**TWIST Case Number:**

**TWIST Case Name:**

**Name of Private Agency:**

**Agency Address:**

**Name of Child:**

**Social Security Number:**

**Race:**

**Biological Sex:**

**Date of Birth:**

**County:**

**Region:**

Daily Base Rate Schedule	Daily Rate	Supervisory Level of Approval
Emergency Shelter w/Treatment License	\$220.59	FSOS/Designee
Emergency Shelter no Treatment License	\$165.44	FSOS/Designee
QRTP Residential	\$336.00	FSOS/Designee
Non QRTP Residential	\$193.50	FSOS/Designee
Level Vs – Residential	\$302.10	FSOS/Designee
Therapeutic Foster Care Level I & Basic	\$51.33	SRA/Designee
Therapeutic Foster Care Level II	\$108.55	SRA/Designee
Therapeutic Foster Care Level III	\$156.34	SRA/Designee
Independent Living Placement Level I and Level II	\$99.50	SRA/Designee
Independent Living Placement Level III	\$139.96	SRA/Designee

The payment rate for this Child shall be \$ \_\_\_\_\_ per day for service covered by the Private Child Care Contract between the Agency and the Cabinet. Daily rates include costs or services unless expressly authorized by provisions of the Private Child Care Contract between the Agency and the Cabinet for Health and Family Services.

**Effective Date:**

**Admission Date:**

**Next Utilization Review Date:**

\_\_\_\_\_  
Approval Signature/Title (See above approval levels for appropriate signature.)  
NOTE: Submission date of review materials will affect date of rates.

Distribution: Original, Regional Billing Clerk  
Copy: PCC/PCP Agency, Children's Benefit Worker, Case Record, Gatekeeper.